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Medical Command

**COMMANDER-DIRECTED
MENTAL HEALTH EVALUATIONS**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction provides guidance, procedures, and outlines responsibilities for the commander-directed Mental Health Evaluation (MHE) process.

SUMMARY OF REVISIONS

Added paragraph **2.1.1.**; changed paragraphs **2.1.2.6.**, **3.1.**, and **3.3.** Added **Attachment 1** through **Attachment 5**. A “[” indicates revised material since the last edition.

1. Reference:

- 1.1. DoD Directive 6490.1, *Mental Health Evaluations of Members of the Armed Forces.*
- 1.2. DoD Instruction 6490.4, *Requirements for Mental Health Evaluations of Members of the Armed Force.*
- 1.3. AFI 44-109, *Mental Health and Military Law.*

2. Referring Official’s Responsibilities:

- 2.1. Determine individual is a candidate for MHE.
 - 2.1.1. Commander/ First Sergeant must consult with a mental health professional (MHP) before making a referral. For non-emergency referrals, the commanding officer shall forward to the commanding officer of the medical treatment facility (MTF) or clinic a memorandum requesting mental health evaluation (**Attachment 1**). If it is determined to be an emergency referral, follow directions given in AFI 44-109.
 - 2.1.2. At least two duty days prior to the scheduled evaluation, commander/first sergeant must inform the member of the referral in writing (example letter can be found in MHE attached) and it must contain the following information:

2.1.2.1. Date and time of MHE.

2.1.2.2. Factual description of the basis for the MHE.

2.1.2.3. Name of MHP consulted prior to referral.

2.1.2.4. Position and telephone numbers of authorities (i.e., Area Defense Counsel, Inspector General) who can assist member in questioning the basis for the referral.

2.1.2.5. A statement informing the member that he/she may also be evaluated by a MHP of his/her own choosing at own expense.

2.1.2.6. Member must acknowledge receipt of the advisement in writing (example letter can be found in the MHE packet attached).

2.1.3. Ensure thorough completion of McChord AFB Form 507 prior to the member's initial appointment at the Mental Health Clinic. This form was developed to ensure all information required by AFI 44-109 is available and all commanders' questions in reference to the individual are addressed. Completion of this form is self-explanatory. Ensure the form is signed by the Commander (not the first sergeant or the section commander unless they hold SERIES G orders). The McChord Form 507 is available on the McChord Intranet.

3. Process:

3.1. Commander/first sergeant confers with MHP on appointment dates for psychological testing and interview.

3.1.1. There will be one appointment with a Mental Health Technician for testing which requires between two to four hours of patient's time. Individual will take a standard battery of psychological tests prior to being seen by MHP.

3.1.2. Another appointment will be scheduled with the MHP for approximately one to three weeks after completion of testing. This time is required for the MHP to interpret the testing prior to interviewing the individual.

3.2. Patient will be interviewed by the MHP and will be informed of testing results and possible recommendations that will be made to the member's commander.

3.3. Commander will receive a written summary from MHP with member's psychiatric profile, diagnoses (if any), and recommendations. The report will address any specific questions asked by the commander on the McChord Form 507. Whenever a mental healthcare provider recommends to a service member's commanding officer that the member be separated due to a personality disorder and a pattern of potentially dangerous behavior (more than one episode), that recommendation shall be co-signed by the mental healthcare provider's commanding officer.

SUZANNE R. HANSEN, Colonel, USAF, NC
Commander, 62d Medical Group

Attachment 1**SAMPLE OF COMMANDING OFFICER REQUEST FOR ROUTINE (NON-EMERGENCY)
MENTAL HEALTH EVALUATION**

MEMORANDUM FOR COMMANDING
OFFICER 62 MEDICAL GROUP

FROM: COMMANDING OFFICER (Name of
Command)

SUBJECT: Command Referral for Mental Health Evaluation of (Service member Rank,
Name, Branch of Service and SSN)

References: (a) DoD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces,"
October 1, 1997

(b) DoD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of
the Armed Forces," August 28, 1997

(c) DoD Directive 7050.6, "Military Whistleblower Protection," August 12, 1995

1. In accordance with references (a) through (c), I hereby request a formal mental health evaluation of (rank and name of Service member).
2. (Name and rank of Service member) has (years) and (months) active duty service and has been assigned to my command since (date). Armed Services Vocational Aptitude Battery (ASVAB) scores upon enlistment were: (list scores). Past average performance marks have ranked ranged from _____ to _____ (give numerical scores). Legal action is/is not currently pending against the service member. (if charges are pending, list dates and UCMJ articles). Past legal actions include: (List dates, charges, non-judicial punishments (NJPs) and/or findings of Courts Martial).
3. I have forwarded to the service member a memorandum that advises (rank and name of service member) of his (or her) rights. This memorandum also states the reasons for this referral, the name of the mental health care provider(s) with whom I consulted, and the names and telephone numbers of judge advocates, DoD attorneys and/or Inspector Generals who may advise and assist him (or her). A copy of this memorandum is attached for your review.
4. (Service member's rank and name) has been scheduled for evaluation of (name and rank of mental healthcare provider) at 62 Medical Group, Behavioral Health Services on (date) at (time).
5. Should you wish additional information, you may contact (name and rank of the designated point of contact) at (telephone number).
6. Please provide a summary of your findings and recommendations to me as soon as they are available.

Signature Block of Commanding Officer

Attachment 2**PROCEDURES FOR COMMANDER DIRECTED MENTAL HEALTH EVALUATIONS**

MEMORANDUM FOR CATEGORY VI

ATTN: COMMANDERS AND FIRST SERGEANTS

FROM: 62 MDG/SGOH (Lt Col Warren Drew)

SUBJECT: Procedures for Commander-Directed Mental Health Evaluations

1. As part of our commitment to the continued improvement of our services in the Mental Health Clinic, in coordination with the base legal office, we have implemented a number of changes to the Commander-Directed Mental Health Evaluation process in recent years. We trust that these changes will result in evaluations, which provide you with helpful answers to your questions and aid you in making critical decisions. Additionally, the Department of Defense (DOD) has directed all of the service branches to update their Commander-Directed Mental Health Evaluation programs to incorporate a series of protections for members referred for such evaluations. The governing directives are DoD Instruction 6490.4, *Requirements for Mental Health Evaluations of Members of the Armed Forces*; DoD Directive 6490.1, *Mental Health Evaluations of Members of the Armed Forces*; and AFI 44-109, *Mental Health and Military Law*. Please read the following pages carefully to better understand these procedures.
2. When you determine that a member of your unit is a candidate for a mental health evaluation (MHE), you **must** consult with a mental health professional (MHP) before making a referral. Following the consultation, and **at least two days prior to the scheduled evaluation**, you **must** inform the member of the referral in writing. IAW AFI 44-109, paragraph 1.1, the referral notice must contain: (1) the date and time of the MHE; (2) a factual description of the basis for the MHE; (3) the name of the MHP consulted prior to referral; (4) the position and telephone number of authorities (i.e., Area Defense Counsel, Inspector General) who can assist the member in questioning the basis for the referral; and (5) a statement informing the member that he/she may also be evaluated by a MHP of his/her own choosing. The member must acknowledge receipt of the advisement in writing. The commanding officer shall forward this memorandum to the commanding officer of the medical treatment facility (MTF) or clinic.
3. In emergency situations when a MHE is required immediately and when inpatient treatment is probable, the two-day waiting period and written notice requirement do not apply. However, you should make every effort to see that the member's rights are protected to the extent possible --meaning that you should comply with these requirements whenever possible. Moreover, you should set out in writing the basis for the expedited evaluation. According to DOD Directive 6490.1, an "emergency" or involuntary admission is appropriate when a member is found by a MHP to be suffering from a mental disorder that makes him/her a danger to himself/herself, to others, or to government property. Additionally, although the principles of practicality and reasonableness should be your guide in emergency situations, you should always attempt to consult with a MHP before taking action.
4. Inpatient treatment may be sought only if an evaluation cannot appropriately or reasonably be conducted on an outpatient basis. Also, only a psychiatrist may admit a member for an inpatient mental health evaluation. As soon as the member's condition permits after inpatient admission, the member must be informed of the reasons for the evaluation, the nature and consequences of the evaluation and any treatment, and the rights associated with inpatient treatment. Specifically, the member has the right to:

- a. Be informed of the reasons for the MHE, the nature of the consequences of the MHE and any treatment, and the scope of his/her rights;
- b. Contact a friend, relative, attorney, or the Inspector General;
- c. Be evaluated by a psychiatrist or physician within two business days after admission to determine if continued hospitalization is justified;
- d. Be informed of the reasons that justify continued hospitalization;
- e. Have a review conducted by an impartial officer of the appropriateness of referral and continued hospitalization; and
- f. Be represented at a review of the appropriateness of continued hospitalization by a neutral and disinterested party.

5. A commander may always request a mental health evaluation to help him/her make specific determinations or decisions regarding an active duty member. Requests for mental health evaluations are APPROPRIATE when a security clearance is directly at stake or when weapons bearing, flying, air traffic control duties, or other duties may be shown to be connected in some way to the purpose of the evaluation. Examples of some questions a commander may need help in answering are: Is this person fit for continued duty in my unit? Is this person suitable for continued military service at all? Is this person reliable for flying, SCI, PRP, weapons bearing, bomb loading, aircraft control, security police duties, etc.? Does this person need to be hospitalized for treatment and will this result in medical discharge action? Does this person need inpatient or outpatient treatment for drug or alcohol abuse? How does this person's emotional condition and/or personal stress level affect his/her inappropriate behavior?

6. As you probably know, Congress granted these rights (discussed in paragraphs 2 and 4 above) to military members because of concern that military commanders were using MHEs as a means of reprisal against "whistleblowers." These rights should not be taken lightly. AFI 44-109, paragraph 2., is punitive, and any commander who refers a member for a MHE as a reprisal may be punished under Article 92 of the UCMJ for violating a lawful general regulation.

7. Requests for mental health evaluations are, therefore, INAPPROPRIATE in the following situations:

a. When there is no supporting documentation to indicate that the member's behavior has been inappropriate or out of the norm;

b. When the commander just wants to cover all of the bases in processing the member for administrative separation; and/or

c. When the commander has already made up his/her mind about what he/she is going to do and is seeking someone to support his/her action. Mental health professionals have a responsibility to ensure that the requested evaluation does not appear to have a retributive motive. Should this appear to be the case, the professional is obligated to provide notifications through his/her chain of command.

8. To assist you in meeting all of the aforementioned requirements, the legal office has prepared two sample letters of notification. (You should contact the legal office for assistance when drafting the specific rationale for the MHE.) Also attached is a two page, step-by-step outline of the procedures to be followed when requesting and completing Commander-Directed Mental Health Evaluations.

9. Whenever a mental healthcare provider recommends to a service member's commanding officer that the member be separated from the military service due to a personality disorder or a pattern of potentially dangerous behavior (more than one episode), that recommendation shall be co-signed by the mental healthcare provider's commanding officer.

10. There will be times when you are especially concerned about a particular individual under your command who is perhaps going through difficult times in her/his personal or family life, is facing difficult life decisions, or is experiencing increased stress. You may wish to recommend to this individual that he/she come to the Mental Health Clinic for a consultation or for counseling. DO NOT use the McChord AFB Form 507. In such a situation the decision by the member to seek counseling is voluntary. It is best not to force the member to receive mental health treatment, as individuals who attend counseling against their will rarely benefit from treatment. However, you may also suggest counseling services provided by the Chaplaincy and Family Support Center. Please feel free to give us a call at any time if you have any questions.

11. We appreciate the difficult decisions commanders' face each day, especially as they pertain to managing personnel problems. In the Mental Health Clinic we are committed to supporting you in every way possible and to provide meaningful, useful answers to your questions. Please do not hesitate to call us at (253) 982-3684/3685 or the legal office at (253) 982-5512 if you have any questions.

WARREN C. DREW, Lt Col, USAF, BSC
Behavioral Health Services Flight Commander

SUZANNE R. HANSEN, Colonel, USAF, NC
Commander, 62d Medical Group

CLIFFORD J. McKINSTRY, Lt Col, USAF
Staff Judge Advocate

Attachment 3**SAMPLE LETTER OF NOTIFICATION - OUTPATIENT REFERRAL**

MEMORANDUM FOR (Member's Name)

FROM: (Member's Commander)

SUBJECT: Commander's Request for Mental Health Evaluation

1. I have scheduled you for an outpatient mental health evaluation with (name of mental health professional) for (date and time -- with at least two-duty days notice) at (Building ____, Room ____). You are to report to this appointment on time and cooperate with the conducting mental health professional.
2. I made this appointment for your evaluation after first consulting with (name, rank/title, base) in order to confirm that such an evaluation was necessary (or, I was unable to consult with a mental health professional because: your suicidal gestures/attempt demanded immediate attention; no professional was on call or accessible; your deteriorating situation caused concern; etc.).
3. I did not make this request lightly. The following events/behaviors/verbal expressions raised my concern for your welfare and the welfare of the unit. (Provide brief factual descriptions of events, member's appearance, and/or conduct. Do not rely on habits annoying to you alone. Be objective and specific! "Family problems" is too vague. "Your obsession with your divorce proceedings and custody fight over the past four months has resulted in moodiness, irritability, forgetfulness, and rage, often directed at co-workers" is more appropriate.)
4. You have the following rights:
 - a. You may consult with the Area Defense Counsel (Building 100, Room 3076, phone: 982-2240) to discuss your rights or to seek redress for a violation of your rights. You may also consult a private attorney at your own expense.
 - b. You may complain to the Wing Inspector General (Building 100, phone: 982-2623) if you believe that this referral was made in violation of your rights. A complaint will not require me to delay the mental health evaluation.
 - c. You may request an additional mental health evaluation by a mental health professional of your choosing -- if the mental health professional is reasonably available. If the professional of your choosing is not a member of an employee of the Department of Defense, you must pay for the evaluation. Again, your request for an additional mental health evaluation will not require me to delay the mental health evaluation.
 - d. You may make lawful communications to the area defense counsel, a private attorney, the Inspector General, a Member of Congress, or any other authority about this mental health evaluation referral.
 - e. You have a two-duty day waiting period from the time you received notification of this referral until the time of the mental health evaluation. If circumstances of military duty prevent compliance with this right, I must specify the reasons for a more expedient non-emergency referral when notifying you.
5. Complete the endorsement below to inform me that you have received an advisement of your rights. If you refuse to sign the acknowledgment, you must inform me of your reasons for not doing so.

6. I have given you this letter at least two days prior to your scheduled appointment. As you can see, you have the right to request an additional mental health evaluation by a mental health professional of your choosing. Please inform me as soon as possible if you have such a request.

COMMANDER'S SIGNATURE BLOCK

1st Endorsement, (member's name)

TO: Commander

I hereby acknowledge receipt of notification that I have been scheduled for a mental health evaluation. I have also been advised of my rights.

(Date Line)

Signature Line

(Member's name, rank)

Attachment 4**SAMPLE LETTER OF NOTIFICATION – INPATIENT REFERRAL**

MEMORANDUM FOR (Member's Name)

FROM: (Member's Commander)

SUBJECT: Inpatient Mental Health Treatment and Evaluation

1. On (date), I determined that it was necessary to refer you immediately for emergency mental health treatment and evaluation. Following consultation with (name of mental health professional), I referred you for an evaluation for the following reasons: (provide a brief factual description of the behaviors or verbal expressions leading you to believe emergency mental health treatment and evaluation was necessary). (Name of provider) determined that inpatient treatment and hospitalization was the only reasonable and appropriate alternative.
2. (Describe the nature of the evaluation for this particular case after discussing with the mental health professional.) Potential consequences of this evaluation include administrative separation under AFI 36-3208, Administrative Separation of Airmen, paragraph 5.11, if the evaluation reveals that you suffer from any of the conditions that make an individual subject to involuntary discharge. (Add any other consequences, such as a medical board, or further evaluation at other medical facilities.)
3. Based on this referral, in addition to being informed of the reasons for the MHE and the nature and consequences of the MHE and the treatment, you have the following rights:
 - a. You may contact a friend, relative, the Area Defense Counsel (phone: 982-2240), your personal attorney, the Inspector General (phone: 982-2623), or other appropriate authorities if you desire.
 - b. You will be evaluated by a psychiatrist or physician within two (2) business days after admission to determine if continued hospitalization and treatment is justified or if you should be released. If continued hospitalization is necessary, you will be informed of the reasons. The installation commander will appoint an impartial officer to conduct a review and determine the appropriateness of your referral and further hospitalization. You will have the right to be represented during those reviews. A summary of the review procedures is attached.
4. Complete the endorsement below to inform me that you have been advised of your rights. If you refuse to sign the acknowledgment, you must inform me of your reasons for not doing so.

COMMANDER'S SIGNATURE BLOCK

1st Endorsement (member's name)

TO: Commander

I have been advised of my rights and of the applicable review procedures based on your referring me for emergency mental health treatment and evaluation.

(Date Line)

Signature Line
(Member's name, rank)

Attachment 5**REVIEW PROCEDURES****1. The attending psychiatrist or other physician will:**

a. Within two work days after the member's admission, determine if continued hospitalization and treatment is justified or the member should be released. "Work day," means the attending physician's normal duty day.

b. If a determination of continued hospitalization and treatment is made, notify the member orally or in writing of the reasons.

2. The installation commander will, if a determination is made that continued hospitalization and treatment is justified:

a. Appoint a neutral and disinterested officer to conduct a review of any involuntary psychiatric admission, to be completed within 72 hours of the admission. The review officer will be a privileged mental health provider or physician not assigned as the member's primary provider, not a member of the multi-disciplinary treatment team assigned to the member's case, and not assigned to the member's immediate commander.

b. If the review officer reports any impropriety in the MHE referral process, direct an inspector general investigation into the matter.

NOTE: If the installation commander or a superior ordered the admission, a commander superior to that officer will appoint the review officer, take his or her report, and direct any investigation.

3. The review officer will:

a. Consider all information that is reasonably available and relevant to the member's hospitalization. At a minimum, the review officer will interview the commander directing the hospitalization, the member's attending physician and the member if the member consents and his or her condition permits.

b. During any interview with the member, introduce him or herself, explain the review and the reasons for the interview, the anticipated length of the process, and advise the member:

(1) Of the member's rights under Article 31, UCMJ, and the Fifth Amendment to the U.S. Constitution, when appropriate. (Review officers should consult 62 AW/JA for advice.)

(2) That the member may have an attorney present during the interview, if he or she so requests it.

(3) That, if the member requests an attorney and does not already have one, a military attorney will be appointed for him or her.

(4) That the member may request a different military attorney of his or her own choosing, if that attorney is available within a reasonable time.

(5) That the member may obtain a civilian attorney at his or her own expense, if that attorney is available within a reasonable time.

c. Determine the appropriateness of further hospitalization and treatment, and report the determination to the installation commander within 72 hours of the member's admission. A review officer's determination that the member should be released is binding. Absent new information, the member may not be involuntarily admitted for inpatient psychiatric evaluation, after the review officer has determined he or she should be released.

d. Determine if there is reasonable cause to believe the referral for inpatient MHE was used in an inappropriate, retributive, or punitive way, or was otherwise in violation of this attachment.